

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>David Rosenthal</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>David Rosenthal</i>	C. Date of Delivery <i>5/9/22</i>
2. Article Number (Transfer from service label) 7020 1810 0001 9928 0435		y address different from item 1? <input type="checkbox"/> Yes nter delivery address below: <input type="checkbox"/> No	
Frank H. Chang Consoy McCarthy PLLC 1600 Wilson Blvd., Ste. 700 Arlington, VA 22209 3:24CV Text Order Pro Hac 5/5/22 9590 9.		Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (\$500)	
		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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1. Article Addressed to:		B. Received by (Printed Name) <i>David Rosenthal</i>	C. Date of Delivery <i>5/9/22</i>
2. Article Number (Transfer from service label) 7010 1670 0000 7322 0233		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If Yes, enter delivery address below: <input type="checkbox"/> No	
Taylor A.R. Meehan Consoy McCarthy PLLC 1600 Wilson Blvd., Ste. 700 Arlington, VA 22209 959C 3402 6692 1060 9689 91		<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (\$500)	
		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
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<p>1. Article Addressed to:</p> <p><i>Jeffrey S. Hetzel</i>  <i>Consovoy McCarthy PLLC</i>  <i>600 Wilson Blvd., Ste. 700</i>  <i>Arlington, VA 22209</i></p> <p>9590 9402 6692 1060 9690 04</p>		<p>Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7010 1670 0000 7322 0240</p>			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>A. Means</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>S. Means</i> C. Date of Delivery <i>5-17-22</i></p> <p>address different from item 1? <input type="checkbox"/> Yes  or delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>Adam K. Mortara</i>  <i>Lawfair LLP</i>  <i>125 S. Wacker Dr., Suite 300</i>  <i>Chicago, IL 60606</i></p> <p>3:21CV259DCG Text Order Pro Hac 5/5/22</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7020 1810 0001 9928 0428</p>			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	